

**STATE OF TENNESSEE
Department of Commerce and Insurance
500 James Robertson Parkway
Nashville, TN 37243-1131
PH - 615.532.5260, FX - 615.532.2788
Jerald.E.Gilbert@tn.gov**

July 15, 2015

State Farm Fire & Casualty Company
2908 Poston Avenue, C/O C S C
Nashville, TN 37203
NAIC # 25143

Certified Mail
Return Receipt Requested
7012 3460 0002 8950 0669
Cashier # 21106

Re: Katherine Irene Inman V. State Farm Fire & Casualty Company

Docket # 2015-lv-1364

To Whom It May Concern:

Pursuant to Tennessee Code Annotated § 56-2-504 or § 56-2-506, the Department of Commerce and Insurance was served July 15, 2015, on your behalf in connection with the above-styled proceeding. Documentation relating to the subject is herein enclosed.

Jerald E. Gilbert
Designated Agent
Service of Process

Enclosures

cc: Circuit Court Clerk
Claiborne County
1740 Main Street, Suite 201
Tazewell, Tn 37879-3415



Jackie Rosenbalm
Claiborne County
Circuit Court Clerk

415 Straight Creek Rd. Suite 5
New Tazewell, TN 37825
Phone: (423) 626-3334

Fax (423) 526-2703

General Sessions
General Sessions Civil
Honorable Judge
Robert Estep

8th Judicial
Circuit Court
Honorable Judge
John McAfee

8th Judicial
Criminal Court
Honorable Judge
E. Shayne Sexton

STATE OF TENNESSEE, CLAIBORNE COUNTY

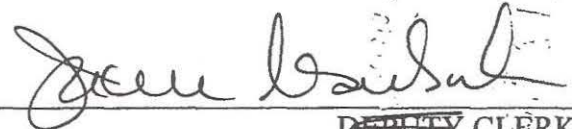
I, JACKIE ROSENBALM, CIRCUIT COURT CLERK OF CLAIBORNE COUNTY, TENNESSEE DO HEREBY CERTIFY THAT THE FOREGOING SUMMONS WAS ISSUED BY ME ON THE DATE SHOWN AND THAT THE COMPLAINT WAS FILED AND A COPY THERETO AND THAT THEY ARE VALID.

GIVEN UNDER MY HAND AND OFFICIAL SEAL OF THE OFFICE, THIS

9 DAY OF **July**, 20**15**.

JACKIE ROSENBALM, CIRCUIT COURT CLERK

BY:



DEPUTY CLERK

STATE OF TENNESSEE
Circuit Court of Claiborne County
At Tazewell

KATHERINE IRENE INMAN

Plaintiff

vs.

Case No. 2015-CV-1364

STATE FARM FIRE AND
CASUALTY COMPANY

Defendant

"SUMMONS"

State Farm Fire and Casualty Company

You are hereby summoned and required to serve upon, David H. Stanifer, Plaintiff's attorney, whose address is P.O. Box 217, Tazewell, TN 37879, an Answer to the Complaint which is herewith served upon you, within thirty (30) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the Complaint.

Issued this 9 day of July 2015 at 9:30 o'clock p.m.

Witness Jackie Rosenbalm, Clerk of said court, at office this 9 day of July, 2015.

Jackie Rosenbalm, Circuit Court Clerk

By: Jackie Rosenbalm

Deputy Clerk

NOTICE TO THE DEFENDANT

Tennessee law provides a Four Thousand Dollar (\$4,000.00) personal property exemption from execution or seizure to satisfy a judgment. If a judgment should be entered against you in this action and you wish to claim property as exempt, you must file a written list, under oath, of the items you wish to claim as exempt with the clerk of the court. The list may be filled at any time and may be changed by you thereafter as necessary, however, unless it is filled before the judgment becomes final, it will not be effective as to any execution or garnishment issued prior to the filling of the list. Certain items are automatically exempt by law and do not need to be listed; these include items of necessary wearing apparel (clothing) for yourself and your family and trunks or other receptacles necessary to contain such apparel, family portraits, the family Bible and school books. Should any of these items be seized you would have the right to recover them. If you do not understand your exemption right or how to exercise it, you may wish to seek the counsel of a lawyer.

Received this _____ day of _____, 20____.

RETURN ON SERVICE OF SUMMONS

I hereby certify and return that on the _____ day of _____, 20____, I served this summons together with the Complaint as follows: _____

Failed to serve this summons within 30 days after its issuance because _____

Sheriff/Deputy Sheriff/Private Process Server

(THIS SUMMONS IS ISSUED PURSUANT TO RULE 4 OF THE TENNESSEE RULES OF CIVIL PROCEDURE)

IN THE CIRCUIT COURT FOR CLAIBORNE COUNTY, TENNESSEE

AT TAZEWELL

KATHERINE IRENE INMAN

Plaintiff

vs.

Case No. 2015-CV-1364

STATE FARM FIRE AND CASUALTY
COMPANY

Defendant

FILED
Claiborne County Circuit Court

JUL 09 2015

COMPLAINT

Jackie Rosenbalm, Clerk
_____, DC

Comes the Plaintiff and sues the Defendant and shows unto the Court as follows:

1. Your Plaintiff, Katherine Irene Inman, formerly of 865 Cline Road, Tazewell, Claiborne County, Tennessee, and now a citizen and resident of Bell County, Kentucky.
2. On or about January 5, 2014, the Defendant, State Farm Fire and Casualty Company, insured the Plaintiff's dwelling house against loss or injury by fire and other perils in a policy of insurance bearing Policy No. 42-BF-H751-5, for the term of one (1) year. Therefore, Plaintiff's interest was protected effective January 5, 2014 through January 5, 2015.
3. During the course of the coverage time, your Plaintiff's ex-husband gave notice to the Defendant's agent to remove her from said policy and without the consent of the Plaintiff, the Defendant knowingly removed said Plaintiff.

4. Your Plaintiff would further show thereafter that she gave notice to the Defendant's agent, Matt Compton, at the Tazewell office and said agent, on behalf of the Defendant, reissued said policy naming your Plaintiff as a policy holder under the previous mentioned policy number.

5. The Defendant, by and through its agency relationship, had full knowledge that she was divorced from Boston Inman, and that she produced a Life Estate Deed executed February 28, 2012, and said agent for the Defendant reinstated the Plaintiff. Thereafter, said Defendant's agent had full knowledge of the circumstances between the parties and even had knowledge that the Plaintiff had filed suit against her ex-husband on August 14, 2014.

6. Therefore, the Plaintiff would show that the insured dwelling under which she was issued the policy burnt on August 29, 2014.

7. Your Plaintiff would show that the house was totally destroyed and damaged by the fire and the said Defendant has had notice of the same.

8. Your Plaintiff would show that the contract of insurance provides dwelling coverage of up to \$115,900.00, and she is entitled to her respective share of the same.

9. Your Plaintiff would further show that there was coverage for personal property of a sum up to \$86,925.00 and she is entitled to her share of the same as filed for and attached as "Exhibit 1" to this Complaint.

10. Your Plaintiff would further show that she is entitled to any other coverage in which she has purchased and that she has a lawful claim for and sustained damages for said claim.

11. Although the Plaintiff has performed all conditions precedent to her right of recovery under the said policy of fire insurance, the Defendant has failed and refused to make payment to the Plaintiff. The failure of the Defendant to pay the Plaintiff is and has been without justification and the payment has been withheld from the Plaintiff in bad faith such that the Plaintiff is entitled to recover in addition to the amount of the policy in which she provides proof of damage for an additional amount equal to twenty-five percent (25%) of the face amount of the policy pursuant to T.C.A. §56-7-105.

12. Your Plaintiff would further show that she is entitled to her attorney fees and costs of this cause.

13. Plaintiff demands a trial by jury.


WHEREFORE, Plaintiff demands judgment against the Defendant for a sum to be less than \$200,000.00 together with interest and costs.

This 7 day of July, 2015.

KATHERINE IRENE INMAN,
PLAINTIFF

By: 
DAVID H. STANIFER, ATTORNEY

STANIFER AND STANIFER


DAVID H. STANIFER, BPR # 010116
Attorney for Katherine Irene Inman
P.O. Box 217, 1735 Main Street
Tazewell, Tennessee 37879
(423) 626-7223

STATE OF TENNESSEE

COUNTY OF CLAIBORNE

DAVID H. STANIFER, after being duly sworn according to law, makes oath that he is the attorney representing the Plaintiff in this cause, Katherine Irene Inman; that he has investigated the facts as set out in the foregoing Complaint and that the statements contained therein are true to the best of his knowledge, information and belief.


DAVID H. STANIFER

Sworn to and subscribed before me this 7th day of July, 2015.

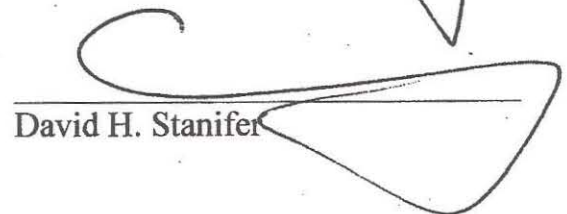

Notary Public



COST BOND

We acknowledge ourselves surety for the costs in this cause not to exceed the sum of \$1,000.00.


Stanifer and Stanifer


David H. Stanifer



Personal Property Inventory - Customer Worksheet

See instructions and example provided.

Claim Number: 42-5170-779

Insured's Name: Katherine J. Luman

Date of Loss: Aug 29, 2014

Room: Kitchen

Phone Number:

☐ (H) 606-242-2664 ☐ (W)

☐ (C) 423-801-0122

(Please indicate the best contact number)

Item No.	1. Qty.	2. Detailed Description of Item	3. Brand Name/Model Number and/or Specifications	4. Where Purchased or Obtained	5. Age of Item	6. Today's Repair Cost/Replacement Cost/Amount of Loss (without tax)	7. Documentation Attached (X)
	1	Refrigerator (freezer top)	Sears	Sears	5	\$1000.00	NO paper
	1	stove electric	Colby	Morgan's Furniture	20+	\$500.00	NO paper
	1	Oak Round Table & 4 chairs	Oak Table & chairs	mother's Kathy		\$500.00	NO paper
	2	China cabinets	Steechi	Walmart	20+	\$500-600	NA
	1	Microwave	can't remember	Walmart	3 yrs.	\$239.00	NA
	1	Bunn Coffee Maker	JERRY'S Ace Hardware	Gerry Ace Hdw.	6 mos.	\$120.00	NA
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	

Item No. = Item Number Qty. = Quantity *Sales tax will be added by your claim representative if applicable.

The above information is true to the best of my knowledge.

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company.

Penalties include imprisonment, fines and denial of insurance benefits.

Insured's Signature: Katherine J. Luman

Date: 9/16/2014

State Farm® insurance policies, applications, forms and required notices are written in English. This document has been translated for your convenience. In the event of any difference in interpretation, the English language version controls.



Personal Property Inventory - Customer Worksheet

See instructions and example provided.

Claim Number: 42-5170-779

Insured's Name: Katherine J. Luman

Date of Loss: Aug 29, 2014

Room: 3rd Bedroom

Phone Number:

☐ (H) 606-242-2664 ☐ (W)
(Please indicate the best contact number)

☐ (C) 423-801-0122

Item No.	1. Qty.	2. Detailed Description of Item	3. Brand Name/Model Number and/or Specifications	4. Where Purchased or Obtained	5. Age of Item	6. Today's Repair Cost/Replacement Cost/Amount of Loss (without tax)	7. Documentation Attached (X)
		Bed - queen	yard sale	yard sale		\$ 1200.00	NA
		dresser	yard sale	yard sale		\$	NA
		Chest of drawers	yard sale	yard sale		\$	NA
		Entertainment Center	yard sale	yard sale		\$ 350.00	NA
		Mattress	Rental Center	Rental Center	3 yrs.	\$ 500.00 - 700.00	NA
		boxspring				\$	NA
		Pineapple Head Board - Antique Pineapple Headboard				\$ 600.00	NA
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	

250.00
300.00
6.51

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Insured's Signature: Katherine J. Luman

Date: 9/16/2014

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March 18, 2015



Personal Property Inventory - Customer Worksheet
See instructions and example provided.

Claim Number: 42-517D-779

Insured's Name: Katherine I. Inman

Date of Loss: Aug 29, 2014

Room: Livingroom

Phone Number:

☐ (H) 606-242-7664

☐ (W)

☐ (C) 423-801-0122

Item No.	1. Qty.	2. Detailed Description of Item	3. Brand Name/Model Number and/or Specifications	4. Where Purchased or Obtained	5. Age of Item	6. Today's Repair Cost/Replacement Cost/Amount of Loss (without tax)	7. Documentation Attached (X)
	1	Couch	Morgan Furniture		12 yrs	\$ 2000.00	NA
	1	Chair (rocker recliner)	Morgan Furniture		12 yrs	\$ 1000.00	NA
	1	1 lift Chair	Yard Sale		2 yrs	\$ 800.00	NA
	1	1 coffee table	Storchi		5 yrs	\$	NA
	2	2 in tables } set				\$	NA
	1	1 shelf unit	Yard Sale			\$ 100.00	NA
	1	1 TV Stand	Morgan Furniture		?	\$ 25.00	NA
	1	TV	Walgreens		?	\$ 300.00	NA
	8	Pictures	Yard Sales			\$ 100.00	NA
						\$	
						\$	
						\$	
						\$	

941
941
300.00
199.99
50.00
250.00

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Penalties include imprisonment, fines and denial of insurance benefits.

Insured's Signature: Katherine I. Inman

Date: 9/15/2014

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Katherine I. Inman March 18, 2015



Personal Property Inventory - Customer Worksheet
See instructions and example provided.

Claim Number: 42-517D-779

Insured's Name: Katherine I. Inman

Date of Loss: Aug 29th 2014

Room: 1st Bedroom

Phone Number: ☐ (H) 606-242-2664 ☐ (W)

☐ (C) 423-801-0122

(Please indicate the best contact number)

Item No.	Qty.	Detailed Description of Item	Brand Name/Model Number and/or Specifications	Where Purchased or Obtained	Age of Item	Today's Repair Cost/Replacement Cost/Amount of Loss (without tax)*	Documentation Attached (X)
	1	Bed - QUEEN SIZE		STERCHI	20+	\$2600.00	NA
	1	DRESSER		"	20+	\$	NA
	1	Chest of DRAWER		"	20+	\$	NA
	1	box SPRINGS > SET		"	2 YRS	\$500-700	NA
	1	mattress		"		\$	NA
	3	PICTURES		Hard Sales	5-6 yrs	\$	NA
		VCR - DVD PLAYER		Radio Shack	3 yrs	\$200-250.00	NA
		Bed Set & CURTAINS		Sister in Law	1 yr.	\$250.00	NA
		Clothes in Closet		VARIOUS PLACES	1-2 yrs	\$1500.00	NA
						\$	
						\$	
						\$	
						\$	

2200.00
300.00
?
150.00
150.00
1150.00

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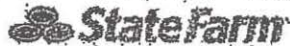
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Insured's Signature: Katherine I. Inman

Date: 9-16-2014

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March 18, 2015



Personal Property Inventory - Customer Worksheet

See instructions and example provided.

Claim Number: 42-517D-779

Insured's Name: KATHERINE INMAN

Date of Loss: Aug 29, 2014

Room: 2nd Bedroom

Phone Number:

☐ (H) 606-242-2664 ☐ (W)

☐ (C) 423-801-0122

(Please indicate the best contact number)

Item No.	1. Qty.	2. Detailed Description of Item	3. Brand Name/Model Number and/or Specifications	4. Where Purchased or Obtained	5. Age of Item	6. Today's Repair Cost/Replacement Cost/Amount of Loss (without tax)	7. Documentation Attached (DO)	
	1	Bed antique QUEEN SIZE	Brass Bed	Mother	Not sure	\$1500.00 set	NA	my cost 750.00
	1	Chest of drawers			Not sure	\$	NA	
	1	DRESSER			Not sure	\$	NA	
	1	Chest of drawers (CEDAR	Cedar Chest	Starchi	37y.	\$408.450.00	NA	300.00
	1	SEARS SEWING MACHINE	Mother gift	SEARS-Mother	40yrs	\$500.00	NA	
	1	Mattress	Came with bed			\$ included in set		
	1	Box Spring				\$		
	2	Storage Bench	CRAFTS + THINGS	Bright Furniture	1-2	\$200.00	NA	
	1	TV Set	Not sure	Pawn Shop		\$300.00	NA	250.00

Item No. = Item Number Qty. = Quantity *Sales tax will be added by your claim representative if applicable.

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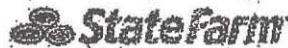
Penalties include imprisonment, fines and denial of insurance benefits.

Insured's Signature: Katherine I. Inman

Date: 9-16-2014

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March 18th 2015



Personal Property Inventory - Customer Worksheet

See instructions and example provided.

Claim Number: 42-517D-779

Insured's Name: Katherine L. Luman

Date of Loss: Aug 29, 2014

Room: Laundry Room

Phone Number:

☐ (H) 606-242-2664

☐ (W)

☐ (C) 423-801-0122

(Please indicate the best contact number)

Item No.	1. Qty.	2. Detailed Description of Item	3. Brand Name/Model Number and/or Specifications	4. Where Purchased or Obtained	5. Age of Item	6. Today's Repair Cost/Replacement Cost/Amount of Loss (without tax)	7. Documentation Attached (00)	
	1	Washer	Colony	Bell Hardware	1 1/2	\$399.00 - 499.00	NA	360.00
	1	Dryer	Colony	Bell Hardware	1 1/2	\$399.00 - 499.00	NA	
	1	Antique Cabinet	Parents	Gift	100 yrs.	\$150.00	NA	gift
		Sandal Rings Set	Family Brother	Family Brother	Not Sure		NA	
	2	Wares	Walmart	Walmart	2 yrs.	\$30.00 - 50.00	NA	30.00
	1	Ironing board antique	Mother	Mother	75 yrs.		NA	gift
	1	dressed case	yard sale	Yard Sale	not sure	\$75 - 100.00	NA	50.00
	1	shelf unit	yard sale	Yard Sale	not sure	\$75 - 100.00	NA	50.00
						\$		
						\$		
						\$		
						\$		
						\$		
						\$		

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Insured's Signature: Katherine L. Luman

Date: 9/23/2014

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Katherine L. Luman Page 2 of 5

March 18, 2015

State of Tennessee
Dept. of Commerce & Insurance
Service of Process
500 James Robertson Parkway
Nashville, TN 37243

CERTIFIED MAIL™



7012 3460 0002 8950 0669



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7/15/15

STATE FARM FIRE & CASUALTY COMPANY
2908 POSTON AVENUE, C/O C S C
NASHVILLE, TN 37203

3720381312 0025

